

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of San Carlos  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Sally Randall  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
7. Date of birth 3 20 25  
Month Day Year

8. FATHER  
Full name Wallace Randall  
9. Residence (Usual place of abode) San Carlos  
If non-resident, give place and state. Ariz  
10. Color or race 4/4 Indian  
11. Age at last birthday 23 (Years)

14. MOTHER  
Full maiden name Mollie Roy  
15. Residence (Usual place of abode) San Carlos  
If non-resident, give place and state. Ariz  
16. Color or race 4/4 Indian  
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Carlos  
(State or country) Ariz  
13. Occupation Common Laborer  
Nature of industry \_\_\_\_\_

18. Birthplace (city or place) San Carlos  
(State or country) Ariz  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? No

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 8 A m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. H. Sawyer, M.D.  
(Physician or midwife.)  
Address San Carlos Ariz

Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Local Registrar.

Registrar \_\_\_\_\_  
County Registrar.

293-320-498